



Arizona Department of Financial Institutions Complaint Form

Telephone: (602) 771-2800

www.azdfi.gov

2910 N. 44th St., #310, Phoenix, AZ 85018

Fax: (602) 381-1225

Your Information

Mr.	Ms.	First Name	Last Name
Address (line 1)			
Address (line 2)			
City		State	Zip Code
Primary Phone Number		Alternate Phone Number	
Email			

Company and/or Person(s) Complaint is against

Company Name	Person(s) you dealt with	
Address (line 1)		
Address (line 2)		
City	State	Zip Code
Phone Number	Fax Number	
Email		
Website		

Additional Information

1. Would you be willing to testify, under oath, regarding the matters set forth in this complaint?	Yes	No
2. Have you complained to the company and or person(s) involved?	Yes	No
If yes, to whom?		
What was their response?		
3. Did you sign any documents?	Yes	No
4. Have you contacted an attorney?	Yes	No
If YES, please be aware the Department may be unable to act while there is pending litigation.		
Name of Firm	Attorney's Name	
Address (line 1)		
Address (line 2)		
City	State	Zip Code



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Description of Events

Place of Transaction		
Date of Transaction	Witness to Transaction	
Product or Service Involved		
Was the product or services advertised? <i>If possible, please provide a copy of the advertisement</i>	Yes	No
Total Amount of Damages (list actual loss only)		
Other Government Agency(ies) Contacted		
Please describe the entire circumstances and events surrounding your complaint, in the order they occurred. When describing what happened please include what, when, where, why, and how the events transpired and who was involved.		
Please attach copies of all documents relevant to the complaint. If necessary, please use additional sheets of paper if you need more space.		

Preferred Resolution

What action by the company and/or person(s) would resolve this matter to your satisfaction?		
May we send a copy of your complaint to the company or person(s) you are complaining against?	Yes	No
<i>If NO, the Department may be prevented from taking any action on your complaint</i>		
I declare, under penalty of perjury, that the facts and statements contained in the foregoing complaint, including all attachments, are true and correct based on my personal knowledge.		
Signature of Complainant	Date	